

S. AMDT. 109

Protecting Access to Care at Federal, Tribal, and Urban Indian Health Facilities

This amendment creates a point of order to protect health services for American Indians and Alaska Natives (AIANs) from any cuts made to the Medicaid program. Most healthcare facilities serving Native Americans are already underfunded. Under Medicaid expansion, the Indian Health Service (IHS), tribes, tribal organizations and urban Indian organizations have received desperately needed revenue that has allowed them to offer expanded access to care. Reducing federal Medicaid funding to these organizations jeopardizes the health and wellbeing of Indian Country.

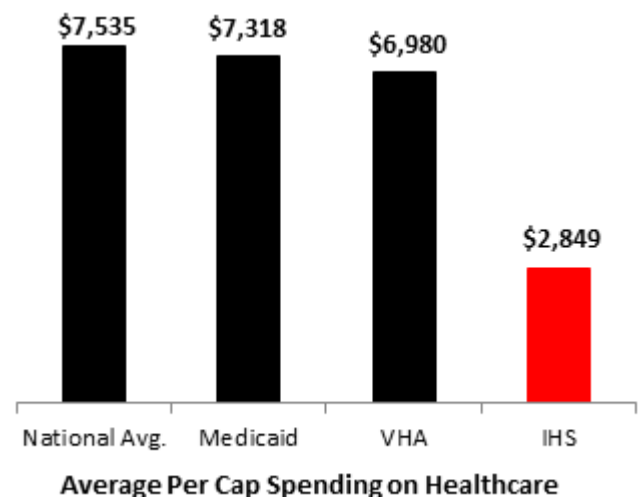
Background on Indian Health

Consistent access to preventative and emergency medical care remains unavailable to many AIAN communities. This lack of access to care has led to Native Americans experiencing some of the worst health outcomes in the country – including the lowest life expectancy of any other group.

Indian Health Service Funding

The IHS is a federally funded health care system that provides medical care to AIANs. Just as veterans are eligible to receive no-cost medical care at Veterans Health Administration, eligible AIANs are eligible to receive inpatient, outpatient, and preventative care at IHS facilities.

However, IHS's budget covers only 59% of current medical care need and, as a result, many IHS facilities are forced to deny access to medical services to AIANs except in cases of requests that would otherwise result in loss of "life or limb." As illustrated by the chart, IHS per patient spending is less than 38% of the national average.



IHS patient eligibility for Medicaid increased by an estimated 28% under the eligibility rules implemented in 2014. And, as a result, IHS has received a much needed infusion of additional care dollars from increased coverage of IHS patients – approximately \$1 billion worth in FY2016. This increase in reimbursement revenue allowed 70% of IHS facilities to begin offering basic preventative care in addition to "life or limb" emergency care for a portion of last year.

This amendment is supported by the **National Congress of American Indians** and the **National Indian Health Board**.